Nurse-Driven Protocol: Indwelling Urinary Catheter Removal

A meta-analysis published in *Clinical Infections Diseases* in the September 2010 issue has shown that the use of a reminder or stop order for indwelling urinary catheters can reduce catheter-associated urinary tract infections (CAUTI) by up to 52%, as well as the mean duration of catheterization by up to 37%. Stop orders directed specifically at nursing staff made provisions for them to remove the catheter based on a list of indications without requiring a physician-signed order.

Each protocol reviewed in the meta-analysis consists of similar mechanisms all geared towards reducing the duration of urinary catheterization and thus reducing the risk for CAUTI to occur. A nurse-driven protocol for indwelling urinary catheter removal **must be reviewed and approved by a medical executive committee** and should contain the following essential components:

1. Daily assessment of the need for indwelling urinary catheter use based on the following indicators for appropriate use from the Healthcare Infection Control Practices Advisory Committee:
   a. Patient has acute urinary retention or bladder outlet obstruction
   b. Need for accurate measurements of urinary output in critically ill patients
   c. Peri-operative use for selected surgical procedures:
      i. Patients undergoing urologic surgery or other surgery on contiguous structures of the genito-urinary tract
      ii. Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in the post-anesthesia care unit)
      iii. Patients anticipated to receive large-volume infusions or diuretics during surgery
      iv. Need for intra-operative monitoring of urinary output
   d. To assist in healing of open sacral or perineal wounds in incontinent patients
   e. Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
   f. To improve comfort for end of life care, if needed

2. Permission for nurse to discontinue the catheter when appropriate indications are no longer present.

3. A method for daily documentation of reason(s) for catheterization.

4. A mechanism to inform physician that the catheter usage no longer meets indications and is no longer needed.

5. A protocol to address urinary retention after the catheter has been removed.